

EMPLOYEE NAME: John Smith

WEEK ENDING: 10/20/19

JOB DESCRIPTION AND / OR NOTES	JOB #	COST CODE	HOURS WORKED								TOTAL								
			MON		TUE		WED		THUR			FRI		SAT		SUN			
			S	O	S	O	S	O	S	O		S	O	S	O	S	O		
CFCC - Build W Renovation	19.003P		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Phase 1A - Domestic R/I AFF		1505	/	/	2	/	/	/	/	/	2	/	/	/	/	/	/	/	12
Phase 1B - Setting Fixtures		1501	/	/	6	/	/	/	/	/	2	/	/	/	/	/	/	/	8
Phase 1B - Setting Fixtures		1501	/	/	/	/	8	/	/	/	2	/	/	/	/	/	/	/	14
Phase 1B - Testing Domestic		1512	/	/	/	/	/	/	/	/	2	/	/	/	/	/	/	/	6
Trask Middle School	19.007P		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Gas Piping R/I		1509	8	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	8
Gas Piping Hangers		1513	/	/	/	/	/	8	/	/	/	/	/	/	/	/	/	/	8
			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
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			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
TOTALS			8	/	8	/	8	/	8	/	8	/	0	/	0	/	0	/	40

In signing this time sheet, I have reviewed the hours recorded. I attest the hours recorded are the true hours I worked and/or the hours I will be compensated based on company policy.

- I have not sustained a work related injury during the recorded work week.
- I have sustained a work related injury during the recorded work week. I have reported this to my supervisor immediately after the incident per company policy and completed the appropriate documents.

EMPLOYEE SIGNATURE: _____ **DATE:** 10/18/19

SUPERVISOR SIGNATURE: _____ **DATE:** 10/18/19

APPROVED: _____